

Alabama Department of Mental Health
Division of Developmental Disabilities
HCBS Waiver Rate Study
RFP 2022-12 Q&A

1. Section V.A - We are a privately held, for profit professional consulting firm. As such, our billing rates are not based on salary plus fringe. Our rates are fully loaded and inclusive of all costs (other than project-related expenses). Would it be acceptable to present our fully loaded rates in this proposal? **Yes, however after all proposals are received if DMH isn't able to make an accurate comparison with the other responding vendors you will be requested to send a revised budget mirroring the format included in the RFP.**
2. Section IV.B.i. – What is the expectation for the full-time project manager? That is, does ADMH-DDD expect that this position will work 40 hours per week on this project for the duration of the project? **This means that a full-time Project Manager is solely dedicated to the work on this project.**
3. Section IV.B – Can one individual service multiple roles? For example, can the project manager also act as the data analyst expert? **Yes if they are qualified, per the RFP their experience and qualifications must be presented**
4. Section IV.C – Given the 12-month term of the project (Section IV.N), does ADMH intend for the project to be completed in phases (by waiver/service) or will the rates for all services be reviewed simultaneously? **Considering some services are similar, a phased in approach with prioritized services is reasonable.**
5. Section IV.H.v. – Given that ADMH already uses the ICAP to assess individual needs, is the Department looking for the contractor to evaluate potential alternatives? **Yes** If so, what timeframes does ADMH anticipate since the process of comparing, selecting, training, piloting, and assessing individuals is typically a years-long process that would exceed the 12-month term of the contract (Section IV.N)? **There is an allowance in the RFP to extend the contract if needed for completion of the project**
6. Section IV.I.vi. – What individual supports budgets are currently in place? **The individual's person- centered plan/plan of care contains services to be authorized, the authorizations make up the individual's budget**
7. Exhibit A – Which of the listed services will we part of the rate study? For example, Minor Home Modification are reimbursed at cost so what expectations, if any, does ADMH have for this service as part of the rate study? **All with those exception of those cost reimbursed, however the cap of the cost reimbursed services should be evaluated**
8. For the three waiver programs and the Targeted Case Management services, can you please provide information about the methodology used to develop the rates, and when the rates were most recently updated? **Given the purpose for the project and the need for a comprehensive approach to developing rate methodology and policy, we prefer that this project develop the methodology in response to the instructions in the proposal**

- a. If you used a cost report or cost survey of some kind, can you please make a copy of that available to bidders? **The agency does not require cost reports**
 - b. Who calculated the payment rates; i.e., ADMH-DDD directly, or an external consultant? **Both have contributed to rate development over time**
9. If it is determined that a cost survey or cost report is to be used to collect salary, wage, staffing, etc., information, will you require that providers complete the cost report or cost survey? **Yes, the NCI Staff Stability survey is also available for this purpose** Will ADMH consider a sampling approach for cost collection of that method is to be used? **Yes**
10. Does ADMH have utilization information by service area and by code for the last 12-24 months? **Yes**
11. In addition to the discussion in III A. related to the importance of the rate study given the impact on the direct service provider workforce as a result of the COVID-19 pandemic, are there other reasons for this study at this time? **The reasons for this study is for all purposes stated in section IIIa of the RFP** Is this in response to a CMS request? **No, but it is in consideration of CMS Guidelines around value based payment and other rate structures and also in consideration of the 10% increased FMAP**
12. Has ADMH made additional funding available to HCBS providers through the increase in FFP made possible by the Rescue Plan? If yes, how were those funds distributed to the waiver providers of interest in the RFP? **Yes, funds have been distributed to help support providers in workforce recruitment and retention through a limited time rate enhancement**
13. Will the contractor work with AMA in developing the rates? **AMA will be a primary stakeholder in the review and approval of the final product from this RFP** Is one of your objectives the development of rates that are consistent in methodology with other Medicaid rates? **The objective is to develop rates and methodologies that best support the delivery of service outcomes that can be used for future rate evaluations**
14. Have you conducted any studies of access to services that you can provide to bidders? **No**
15. Page 7, A. ii. Please identify the “other third-party contractors/consultants ... who may be assisting with other components of the demonstration waiver.” Is ADMH currently engaged with a contractor to support similar rate studies for programs administered by ADMH? If so, can ADMH share the name of the current contractor? Can you please provide information on what those contractors/consultants are doing? **None of our current consultants are solely dedicated to the development of rate methodologies and structures**
16. Pages 7 - 8, B iv., Please describe the requirements related to “acutarily sound” rates, since these are fee-for-service rates the contractor will be determining. **The average cost per person not exceeding the cost of institutional care, the capitation rates are projected to provide for all reasonable, appropriate and attainable costs that are required under the terms of the contract and for the operation of the plan for the time period and the population covered under the terms of the contract**

17. Are there particular VBP purchasing programs in use in other states that are of interest to ADMH? **No** Have you implemented any bundled payments, tiered rates, etc., and what has been the outcome from those alternatives? **We currently have tiered rates based on acuity for select services (refer to chart); the outcome has been a fee for service driven system of supports**
18. Does ADMH anticipate that the stakeholder meetings will be conducted virtually, in person, or both? **Both**
19. Does ADMH want to change its assessment tool from ICAP to another approach? **ADMH will consider all options for assessments**
20. Page 9, H i. The RFP requests that the contractor “shall assist ADMH-DDD in the development and maintenance of provider payment rates, but the contract period is for 12 months. Please provide more direction regarding what “maintenance of rates” includes if you are looking for more than a written methodology for how rates should be updated. **ADMH will use the results of this rate study to establish policy related to future periodic rate reviews**
21. Has ADMH-DDD considered pursuing a cost-based rate setting structure to complete this work? **Open to all options**
22. How are ICAP data currently used to determine waiver participants’ level and intensity of need? **It is currently used in rate establishment for both residential and day habilitation services**
23. The RFP notes that “ADMH-DDD uses various assessments to inform the development of person-centered service plans.” Other than the ICAP, what assessments are used? **Risk assessments, nursing assessments and all other traditional assessments used in person centered planning** How are the resulting data from those assessments incorporated into the service planning process? **Once integrated into the person centered plan the support coordinator uses the information to align the appropriate services to the individuals needs**
24. Does ADMH-DDD already have stakeholder groups working with the State on similar initiatives or would the groups be newly composed? **ADMH would like to expand current stakeholder group members to include individuals, families and other agencies**
25. The “Project Overview” section describes the purpose of the request as “the use of an objective assessment to determine participants’ levels of need and related changes.” Is ADMH-DDD seeking development of an assessment-informed prospective budget methodology? Or simply a review of the current use of assessments in service planning? **ADMH is seeking an updated comprehensive assessment that will best inform both methodologies and planning**
26. Has ADMH-DDD already begun work on policy and/or programmatic changes related to the HCBS Final Rule? If yes, please provide a high-level description of the progress to date. **ADMH has completed deconfliction of support coordination services, has developed an Alabama specific person centered plan, has aligned settings rules with state administrative code, operational guidelines and provider monitoring tools**

27. RFP Section IV. SCOPE OF WORK, under H. [Task List], iii. references administering a survey to all providers of waiver services. How many entities are currently providing waiver services for ADMH-DDD's HCBS waivers? **Approximately 180**
28. RFP Section IV. SCOPE OF WORK, under A. General Project Requirements, ii. references other contractors/consultants working on the demonstration waiver. Could ADMH-DDD share a list of third-party organizations involved with the demonstration waiver? **HMA for evaluation, Columbus Group SME for provider training opportunities, Moving to a Different Drum, LLC for consultation**
29. When was the last time ADMH-DDD performed a comprehensive review of their service continuum (including definitions and rates)? **More than 10 years**
30. When did ADMH-DDD last engage in a rate study and/or rebase for HCBS waiver services? **ADMH/DDD has done some rate adjustments over the past several years changes based on legislative appropriated funding, this RFP should establish rates reflective of current economic/workforce environment and anticipated outcomes related to systems transition**
31. To better match our proposed response to ADMH-DDD's expectations, is there a projected budget for this scope of work? **No**
32. Would the state consider removing the full time equivalent requirements for staffing as rate studies can have reduced workload such as during times of data collection as long as the contractor adequately and consistently staffs the project? **Yes**
33. Does experience with 1915(c) rate setting meet the minimal qualifications? **The Offeror shall have assisted at least two (2) states in successfully completing, as defined by and accepted by CMS, and implementing a rate study for a statewide HCBS waiver for individuals with intellectual and developmental disabilities.**
34. Would the state expand the populations listed on page 10 so a vendor may include rate setting experience with other 1915(c) waiver populations and services? **Responders must be able to demonstrate competencies related to CMS guidelines for rate development, assessments specific to the ID population and innovative approaches to rate methodologies such as value based payment**
35. The FMS vendor is a separate and independent affiliate of our company, but given the potential for an apparent conflict, are any vendors prohibited from pursuing this opportunity considering the rate study includes self-directed rates?" **Responder must demonstrate how they will address conflict of interest in this type of situation**
36. Would the potential development of HCBS VBP methods for specific programs be a separate agreement (or exhibit/amendment)? What are the "...provisions set forth"? Which specific section(s)? **Targeted Case Management would be a separate agreement**
37. How many waiver services from Exhibit A is ADMH-DDD anticipating to review as part of the rate study? **All the services**

38. How many providers currently provide these services in AL? **Approximately 180**
39. Are there any requirements for in person travel? With either ADMH-DDD or stakeholders? **ADMH encourages a minimum of 2 on-site engagement opportunities with stakeholders**
40. When was the last HCBS rate study previously conducted? Would the state share the vendor that conducted that study and provide the report? **See questions 29/30**
41. Is there a maximum budget for the scope of services? **No**
42. Given the pandemic and an increasing number of cases nationally, would the state consider an electronic submission and not require hard copies? **All proposals must be received as set forth in instructions**